

POSITION	INITIALS	ID NO.	DATE
	JA		5/21/10
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	AN	896	03/4/10
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/2/10
2	✓	✓	12/2/10
3	✓	✓	12/2/10
4	✓	✓	12/2/10
5	✓	✓	12/2/10
6	✓	✓	12/2/10
7	✓	✓	12/2/10
8	✓	✓	12/2/10
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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